

COVID-19: Specimen Collection

The on-call clinical microbiologist **MUST** be informed of any suspected case of COVID-19 before specimens are sent to the laboratory for testing. If not done already, testing for common respiratory viruses (e.g. influenza, respiratory syncytial virus) should also be requested on the specimens.

During specimen collection, staff must wear PPE regardless of whether respiratory symptoms are present.

For most patients with mild illness, collection of upper respiratory specimens is a low risk procedure and should be performed using a single room with door closed and **contact** and **droplet** precautions.

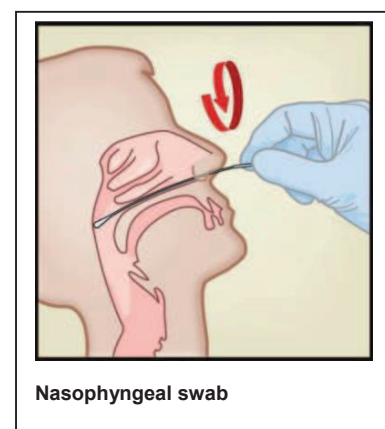
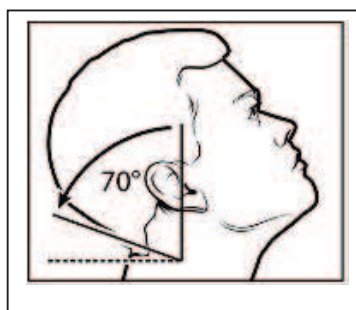
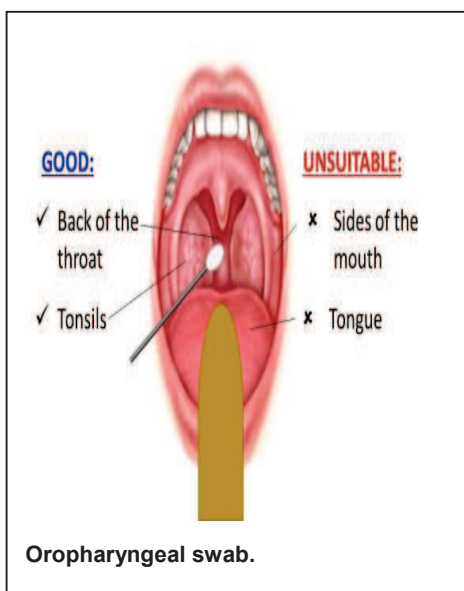
Where patients have severe symptom suggestive of pneumonia, then **contact** and **airborne** precautions should be observed.

Samples for testing may include:

- Upper respiratory tract samples – nasopharyngeal and/or oropharyngeal flocked swabs or nasal wash/aspirates
- Lower respiratory tract samples (must be collected using contact and airborne precautions in a NPIR) – sputum, bronchoalveolar lavage, tracheal aspirate, pleural fluid
- Serum – to be stored pending serology availability

Flocked Swabs

- Use the same single flocked swab kit to sample both oropharyngeal (throat) and then both nostrils
- Sputum specimens are required if LRTI involved
- Ask patient to remove their mask and place in clinical waste bin and perform HH
- Stand to one side when taking swabs to avoid exposure to secretions
- Open the swab kit and flocked swab package using non-touch technique.
- Using a wooden tongue depressor, sample the posterior pharynx and tonsillar arches, rotating twice on tonsillar fossa at side of pharynx
- Tilt the patients head back (70° angle). Using the same swab, gently insert the swabs into one nostril, gently insert along the floor of the nasal cavity parallel to palate until resistance. Rotate gently for 10-15 seconds then withdraw
- Repeat process with the same swab in other nostril



Mid turbinate nasal swab

If flexible swabs are not available use the standard rigid PCR swabs (orange capped metal shaft or white capped plastic shaft swab).

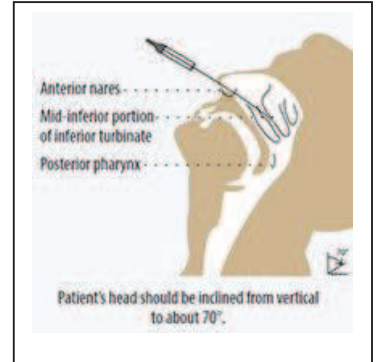
Using the rigid PCR swab;

- Complete the oropharyngeal swab as above
- Using the same swab, gently insert swab into one nostril until resistance
- Leave in place for 10-15 seconds to absorb secretions
- Remove and repeat via the other nostril



Placing swabs in UTM container (Flocked kit)

- Place swabs into the UTM container, flocked end first, and snap the shaft at the indicated snapping point (red line), using the rim of the UTM tube for leverage if required.
- Close the UTM container with the flocked end of the swab inside, discarding the remainder of the shaft
- Ensure that each UTM container is closed correctly and is not leaking, the swab is usually slightly bent within the tube.



Labelling samples

- Remove gloves, perform hand hygiene and apply new gloves
- Label specimen container oropharyngeal/nasopharyngeal or mid turbinate nasal swab
- Request should be labelled 'Urgent' 'SARS-CoV-2' and viral PCR flu panel
- Place containers in sealable part of the dual compartment biohazard bag (no double bagging of specimen bag required)
- Send specimen to the laboratory within an hour of collection

Infection Prevention and Control
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